Holderness Recreation DAY CAMP 2005 REGISTRATION FORM

Please circle the sessions you wish to register for

Session #1 June 27 to July 8 Session #2 July 11 to July 22 Session #3 July 25 to August 5

If you wish to register for one week of a so Week # of Sess	ession at the cost of \$85 plus a sion # Dates		ek, fill in below
Reminder: Camper's Name Mailing Address			Tentative Camp Calendars will be ready by May 1 st .
Physical Address			
E-Mail Address			Special Evening
Date of Birth Age	Grade(in Fall)	_ Sex M F	Hours for Summer Camp
EMERGENCY INFORMATION			Registration
Parent's Name			Tuesday, April 12th from 5:30—7:00PM at
Work/Day Phone	Home Phone		Town Hall downstairs.
Physician	Phone		
Emergency Contact	Phone		Mail completed forms and payment to:
Medical Insurance	Policy#		Holderness Recreation P.O. Box 203,
Medication			Holderness, NH 03245
Allergies			
Any other information that will help our staff med	et your child's needs:		
Cost per two-week session: Residents before May activity fee. A non-refundable deposit of \$75 activity fee will cover all the weekly fieldtrip c checks payable to Holderness Recreation Enr these forms. Full payment deadline: two weeks 1st. Forms received prior to May 1st will be deadline.	per session is required to hole costs that were previously collect collment is limited. First come, prior to the start date for each s	Id your child's space. cted on the day of the fi , first serve. Please sign session. Non-Residents	Please note that the seldtrip. Please make a up when you receive may enroll after May
	with extreme discipline problems from ELEASE OF ALL CLAIMS	Day Camp.	
In consideration of the permission granted for the hereby release for myself and my heirs, the Town of Holderne damages, and claims that may result in personal injuries and parts, and furthermore, I represent that to the best of my know all risks associated with participation in said program. I understand that, in case of injury or illness, Hold contact". In the event of a medical emergency, I consent to the treatment, including transportation to the medical facility. I, the undersigned, have read this release and under with full knowledge of its significance.	ess, its agents, employees, volunteers, a property damages. cipating in Holderness Recreation Prog vledge the participant is in proper phys erness Recreation will attempt to conta the participant's treatment by a medical	and other program participant grams which may present a str sical condition to allow partici act the person identified above doctor and I agree to pay all	ts, from all actions, rain on the body and its ipation. I therefore assume e as the "emergency costs associated with said
Signature Parent / Guardian			Date

Print Name